BINDING RESERVED MARGIN

No.

602

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be p See Instructions on back of certificate. Important. N. B.-I

STATE OF MARYLAND PLACE OF DEATH 4877 CERTIFICATE OF DEATH Registration Dist. No. ground Past [if death occurred in a hospital or lostitution, give its NAME lostead of street and number.] -Ward) St.;----

² FULL NAME IN WAY WYW SON	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF PIRTH 3 (Month) (Day) (Year)	16 DATE OF DEATH AND 11 Ha
FOCCUPATION (a) Trade, profession, or particular kind of work The state of the sta	and that death occurred on the date stated above, at. The CAUSE OF DEATH* was as follows: Walundar direct of heart
(b) Genoral nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Claid Country	Contributory (Secondary) (Buration) yrs. mos.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 10 NAME OF FATHER OF FATHER (State or country) Office of Country	(Signed)
of Mother Cliffa Johnson 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) South Brown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place of death? replaced of death?
(Address) Grortf East JMM 16 Filed Joil 14 1913 Osaich Biddle Registrary If more blanks are needed, address State Registrary	19 PLACE OF BURIAL OR REMOVAL April 13, 1912 20 UNDERTAKER B. Franklin St. Pales Removal April 13, 1913 6 E. Franklin St. Pales Removal V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," (2)

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal schilchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATES State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-



N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING 7. S. No. 1.

C	PLACE OF DEATH 4878	STATE OF MARYLAND CERTIFICATE OF DEATH
	80 10 10	Registration Dist. No. 96
v	illage or City Bly Hedale (No. Med	St.; Ward) [It death occurred to a hospital or Institution,
	FULL NAME Harriett les a	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
78	Exale Colored Constitution (Write the word)	(Month) pa (Day) (Year) I HEREBY CERTIFY, That I attended acceased from
6 D	ATE OF BIRTH Supposed to te - Queg - Year 18,50 (Month) (Day) (Year)	apr. 24 1913 after death, 191.
7 AC		and that death occurred on the date stated above, at m
	about 63 yrs, ds. ormio.?	The CAUSE OF DEATH* was as follows:
(a)	CCUPATION Prade, protession, or House work	He heart of aspection
(b) busi	General nature of industry, ness, or establishment in ch employed (or employer)	(Description) yes mos de
9 BI	RTHPLACE tate or country) Pt. DEposit Uld.	(Secondary) L. G. Taylor, W.S. Perupull
S	FATHER Bery, Sibbs -	(Signed) WZ P Dean Gorover Mis
ARENTS	OF FATHER (State or country) 12 MAIDEN NAME /	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	OF MOTHER Harriett & Siblio	16 LENGTH OF RESIDENCE FOR HOSPITALE INSTITUTIONS TRANSFERS
	13 BIRTHPLACE OF MOTHER (State or country) Md.	At place alf-147 in the life time. of death of the life time. of death of the life time.
	Interment) May Stressor	Where was disease contracted, Subject to sudegistions It not at place of death? Former or usual residence
15	(Address) Blytheddl Md	OKESbury Cemelery Werel 27, 1913.
File	Port Defront, med REGISTRAR	20 UN DERTAKER HAR KESON Blottudal
	If more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material, worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: sepsis, tetanus) may be stated under the head ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (Recommendations on statement of (disease causing (secondary or intercurrent) (name origin; "Can-State cause for death), 29 ds.;



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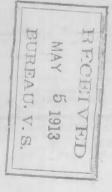
1 PLACE OF DEATH STATE OF MARYLAND 4879 CERTIFICATE OF DEATH County Registration Dist. No. [It death occurred in .Ward) a hospital or Institution, give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED. Warund WIDOWEO. Month) OROIVORCED (Write the word) (Dav) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH that I last saw h An alive on (Month) (Day) (Year) 7 AGE if LESS than and that death occurred on the date stated above. 1 day,hrs. The CAUSE OF OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. 6 wish business, or establishment in (Duration) which employed (or employer) Contributory. (Secondary) 9 BIRTHPLACE (State or country) (Duration) 10 NAME OF · FATHER RENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or. In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. PA OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, mos. ... Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St :----Ward) a hospital or institution. give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, MAN WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* OR mio. ? BOCCUPATION (a) Frade, profession, or particular klod of work. (b) General nature of industry, business, or establishment in which employed (or employer) (Secondary) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OFFATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country __ yrs. mos. ds. State yrs. ____ mos. ... Where was disease contracted. If not at place of death? Former or (Informant) osual residence. (Address 120 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrat, 6 E. Franklin St., Bulto., Requesting V. S. No. 1.

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PLACE OF DEATH	STATE OF MARYLAND
Locil 4881	CERTIFICATE OF DEATH
County Out	Registration Dist. No. 95
Village or City Consumments	St.; Ward) [It death occurred in
	a hospital or Institution,
*FULL NAME Carlie X	Berny, of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
mail Colored WIDOWED, Single WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	april 1, 1913, to April 17, 1913,
(Month) (Day) (Year	that last saw h and alive on Caballo 1913
7 AGE STORERY (Day) (Teat	
1 day,h	mile that death occurred on the date stated above, at
yrs	
8 OCCUPATION	Juliners Jung
(a) Trade, protession, or particular kind of work	
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country)	(Secondary)
(State or country) Convuring mo	(Duration) yrs mos / ds.
10 NAME OF	Under -
FATHER GEO. W. Perry.	(Signed) , M. D.
11 BIRTHPLACE	Cpr 1 9, 1913 (Address) The good
OF FATHER (State or country) Conving	*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
Q 12 MAIDEN NAME - OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a Mary. M. Goddy	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the
	of death yrs mos ds. State yrs mos ds. Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Mary, M. Serry.	Former or usual residence
Principal (1)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (Address)	- M- Goar Cep 2011 1913
	20 UNDERTAKER ADDRESS
Filed, 191REGISTRAR	Slater B Joh Coloro Md
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
It more blanks are meeted, address blate heggs	trar, o E. Frankin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purperal septichae etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under (Recommendations on statement of (secondary or Intercurrent) (name origin; "Can Examples: For VIOds.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

PLACE OF DEATH 4882	STATE OF MARYLAND
County Oleil . 700 Dest	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Cowlandulle M.No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
* FULL NAME Werley & Bing	sham of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH CCiril 22, 1913 (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
aug 15 1883	1919, to 1919,
(Month) (Day) (Year)	that I last saw h MM alive on affile 22, 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 10 Pm.
29 yrs. 8 mos. ds. or. min.?	The CAUSE OF DEATH * was as follows: Tubroculos;
(a) Trade, profession, or Oyer Heleaner	- Caw (manners Carriere
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Philadelphia Pa	(Secondary) (Duration) yrs mos ds.
10 NAME OF George Bingham	(Signed) Conest Rowland , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN.
of Mother Mary a Grenihan	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIERUS
13 BIRTHPLACE OF MOTHER (State or country) England	At place in the of death yrs mcs ds. State yrs mcs ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mr annie Bingham	Former or usual residence
(Address) 3029 rementain Gol	north Ceslan Hill Cemely after 210, 1913
Filed apr. 23 7, 1913 AR Carrer	20 UNDERTAKER Sator ADDRESS
REGISTRAR	Shipping Undertoken Colera MA
II more Dianks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ta) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative lealthful-Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not minc, etc. cases, especially in industrial employments, it is necness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has Farmer or Planter, (6)

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septieharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion. "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chrowin ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING MARGIN RESERVED

N. B. No. 1.

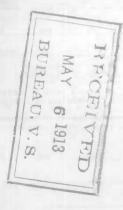
PLACE OF DEATH	STATE OF MARYLAND
County Cease 4883	CERTIFICATE OF DEATH
County Leave 7000	Registration Dist. No. 92
Village or City Cels Of (No. No. No. No. No. No. No. No. No. No.	St; Ward) [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH CA O 1
Fernale Color of RACE MARRIED, WIDOWED, OR DIVERCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	
(Month) (Day) (Year)	that I last saw h allve on
AGE If LESS than	and that death occurred on the date stated above, atm,
Tustionifis mos ds. t day,hrs. ormin. ?	The CAUSE OF DEATH* was as follows:
OCCUPATION	Muhral Regniges aliver of
(a) Frade, profession, or particular kind of work Mudwife	Frank.
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos ds.
(State or country) Ballynore Incl	Contributory (Secondary)
10 NAME OF PATHER Zurschaus	(Signed) W= P Deay Coroner ds
0 11 BIRTHPLACE	, 191 (Address) Quiton Mck
OF FATHER (State or country) Zuna Cura Cura Cura Cura Cura Cura Cura Cur	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER THUS CHANNE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Tuessureur	At place In the of death yrs mos ds. State yrs mos ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) John Y Downer	Former or
mans Egetter med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Ellen, Date of Burial
Filed and 15 1913 Back Frager	PUNDERTAKER ADDRESS
HIBO WILL TO THE STEEL THE	me mandaner Court- me
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Mariager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage, as "Purpersal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Revolver wound of head-homicide; Poisoned tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: For VIO-



1 PLACE OF DEATH		STATE OF MARY	LAND
County Cecil	4884	CERTIFICATE OF	DEATH
news Po		Registered	No. 93
Village or City leasan	ch/tell(No.	St; Ward)	[It death occurred i a hospital or Institution give its NAME Instea
FULL NAME	1713 1000	gau	of street and number.]
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
Male White	5 SINGLE, MARRIED, WIDOWED, ORDINORCED (Write the word)	Month) 16 DATE OF DEATH Month) 17 M HEREBY CERTIFY, That I att	(Day) (Year)
6 DATE OF BIRTH Aug (Month)	25 , 1823 (Day) (Year)	that I last saw h alive on the	9 , 1913 - 8 , 1910
7 AGE 90 VIS 2 M	It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated about the CAUSE OF DEATH was as follows:	ve, at 9 9 m
a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	mer	Contributory (Duration)	rs. mos. 8 ds.
9 BIRTHPLACE (State or country) Perro	Borgon	(Secondary) (Duration) y	rs mos/4/ds
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER LUCY	na!	*State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2)	eaths from VIOLENT
13 BIRTHPLACE	Chancy	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST OR RECENT RESIDENTS)	
(State or country)	ma		yrs mos ds.
(Intermant) Wiss Man	Brogan	If not at place of death? Former or usual residence	
(Address) Childs	24/1/1	Cherry Hill mid Ch	Ful /21913
Filed Ufiril 10, 1913 (),	Toeal REGISTRAR	C. S. Grant C.	herry Nell
more blanks are needed	, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.	m

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPEBAL perttonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .. The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 (name origin; "Can-State cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY I 1913

BUREAU, V.S.

PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT classified. 4 THIS properly AG INK pe UNFADING ijddns may certificate. that 80 0 back pino 6 piain ATH in plain instructions 10 9 Item OF mportant. ы CAUSE

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state Very

STATE OF MARYLAND 1 PLACE OF DEATH 4885 CERTIFICATE OF DEATH Registered No. Ilf death occurred in St:....Ward) (No. a hospital or Institution. give its NAME instead of atreef and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 191.0 MARRIED. WIDDWED. (Month) (Day) (Year) ORDIVERCED I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day.hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or parficular kind of work (b) General nature of industry, business, or establishment in (Duraflon) which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER ., 191..... (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the Af place OF MOTHER Stafe yrs. _ of death yrs. mos. ds. Where was disease confracted. If not af place of death?... Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL (Address) 15

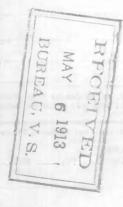
20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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1 PLACE OF DEATH state PHYSICIANS should of OCCUPATION IS County PERSONAL AND STATISTICAL PARTICULARS statement 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, (Write the word) 6 DATE OF BIRTH properly classified. (Month) (Day) 7 AGE 8 OCCUPATION (a) Frade, prefession, or particular kind of work (b) General nature of Industry, may be business, or establishment in which employed (or employer) that it mi 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Jo 11 BIRTHPLACE on back DEATH in plain terms, ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER See instructions 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE (Informant) ... OF Item Important. Every Ite m

Muck

(Year)

If LESS than

1 day,hrs

OR 7

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1/

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(oleman St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF D	
16 DATE OF DEATH Of Some (Month)	, 191
mch 20 1913, to Ofr	anded deceased from
and that death occurred on the date stated abo	ve, at 5 am,
arteur Selerais a	reh
aoria Regundela	v .
Pulmonay Edem (Duration) 5 y	sds.
Contributory (Secondary)	**************************************
(Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (State the Disease Causing Death, or, in de Causes, state (1) Means of Injury; and (2) Tal, Suicidal, or Homicidal.	benly in
18 LENGTH OF RESIDENCE (FOR MOSPITALS, INST OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State) Where was disease contracted, If not at place of death?	ITUTIONS, TRANSIENTS, ITS, ds.
Former or usual residence	- Variable to manage a co
Bether Cerneley Cop	TE OF BURIAL
	press

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Houscivife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulessary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the For persons

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Ohronio zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-For vio-



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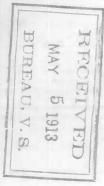
	PLACE OF DEATH 4887	STATE OF MARYLAND
G	ounty Coearl 2001	CERTIFICATE OF DEATH
	4111	Registration Dist. No. 96
٧	fillage or City Wellerly Mar (No	St.; Ward) [If death occurred li
	* FULL NAME Have & Coro	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Male While (Write the word)	16 DATE OF DEATH INC. 3, 191 & (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 0	march 3, 1913	that I last saw h are allycon Than 3 ,1913
7 A	(Month) (Day) (Year) GE If LESS than	and that death occurred on the date stated above, st 6 30 Pm
		The CAUSE OF DEATH * was as follows: Succession
(a pa	CCUPATION) Trade, profession, or ricular kind of work	
bus	General nature of Industry, iness, or establishment in Ich employed (or employer)	(Ouration) yrs. mos. ds.
9.8	IRTHPLACE (tate or country) Levil Co	(Secondary) Contributory (Secondary) Contributory (Secondary) (Secondary) (Secondary) (Secondary)
S	10 NAME OF Having & Parothers	(Signed) Cruest Contaud , N. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MARCH 12 M	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAF	12 MAIDEN NAME OF MOTHER Mary Efordan	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs, mos ds.
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Huvey to tenthers	Former or usual residence
15	(Address) Bilbary Go	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	ed apris 4 1913 M. Cameron REGISTRAR	20 UNDERTAKER ADDRESS Office And Address
	If more blanks are needed, address State Registra	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convuisions," "Debility" ("Consuch, if impossible to determine definitely. which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purrerral septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ds. cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) "Contributory." The contributory Aiways qualify all diseases resuiting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:



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N. B.

	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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¹ PLACE OF DEATH	STATE OF MARYLAND
county beeil 4888	CERTIFICATE OF DEATH
VIIIage or City Chton (No. No. 2 FULL NAME Golin & Davi	Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of afreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Golland (Write the word) 8 SINGLE, MARRIED, WIDOWED, WIDOWED	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw halive on
TAGE 11 LESS than 1 day,hrs. ormlo.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Chronile Valvular heart dislage, (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Manland	Contributory (Secondary) (Daration) yrs mes ds.
OF TATHER CAS DAVIS OF TATHER (State or country) Cultural OF TATHER (State or country) Cultural OF TATHER (State or country) Cultural	(Signed) WE Description (Address) Clater MD *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER CMaline Bylon 13 BIRTHPLACE OF MOTHER (State or country) Wiknow	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
(Informant) Chara Muchel	Where was disease contractad, If not at place of death? Former or usual residence
(Address) Worth Coast Me by	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Afra 24, 1913
Files State Registran If more blanks are needed, address State Registran	20 UNDERTAKER ADDRESS Unsurge Hoppie Elklow Wel

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease), Diphtheria (avoid use of "Croup"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc... Carcin-

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1 PLACE OF DEATH state Cecil PHYSICIANS should of OCCUPATION is County.... Village or City RECORD wees Margaret Hilcheus of PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, BINDING ORDIVORCED (Write the word) 8 DATE OF BIRTH classified. (Day) It LESS than 7 AGE should 1 day hrs. OR min. ? properly BOCCUPATION AGI (a) Trade, protession, or INX particular kind of work Ш supplied (b) General nature of Industry. be business, or establishment in UNFADING which employed (or employer) carefully su that it ma f certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER of be back 11 BIRTHPLACE terms, ENT should OF FATHER (State or country) AR 12 MAIDEN NAME plain EATH in plain OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE of DE/ item OF important. Every it (Address). 15 No. và m REGISTRAR ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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STATE-OF-MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

It death occurred in a hospital or institution. give its NAME instead

ot street and number.]

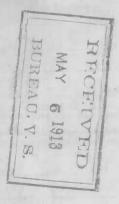
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		onth)	(Day)	(Year)
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that I last saw h		apri		191 3
and that death occurred	on the date	stated at	ove, at.	300
The CAUSE OF DEATH	* was as fol	lows:	1	
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(Signed)	(Address)	len 7	yrs 3/4	mosd
(Signed)	(Address)	TH, or, in	yrs3 deaths from 2) whether	M. M. I
(Signed), 1913. *State the DISEASE (CAUSES, State (1) MEMTAL, SUICIDAL, OF HOME OR RECENT RESIDENTS.	(Address)	TH, or, in RY; and (yrs3 deaths from 2) whether	M. M
(Signed) 1913. *State the DISEASE (CAUSES, State (1) ME, TAL, SUICIDAL, OF HOM	(Address)	TH, or, in BY; and (deaths from 2) whether	MOS
(Signed), 1913. *State the DISEASE (CAUSES, State (1) MELTAL, SUICIDAL, OF HOM 18 LENGTH OF RESIDENTS. At place	(Address)	TH, or, in BY; and (deaths from 2) whether	MOS
(Signed)	(Address)	TH, or, in BY; and (deaths from 2) whether	M. M. I
(Signed)	(Address)	TH, or, in the State	deaths from the deaths from th	mos. d M. M
(Signed)	(Address)	TH, or, in RY; and (deaths from the stitutions.	mosd m VIOLENT r ACCIDEN- TRANSIENT: mosd

[Approved by U. S. Census and American Public Health Association.]

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V. S. No. 1.

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10 PHYSICIANS should of OCCUPATION is RECORD statement PERMANENT EXACTLY Exact stated classified. should properly AGE supplied. be may ADIN certificate. 44 that 6 back terms. of Information s DEATH in plain See instructions plain Item OF mportant. Every It 8

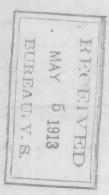
STATE OF MARYLAND 1 PLACE OF DEATH 4890 CERTIFICATE OF DEATH County Registration Dist. No. it death occurred in St.:...Ward) No. a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) 7 AGE it LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows:min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General natore of industry, business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE (Address) 2 ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, OF, IN deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. Where was disease contracted. TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Former or usual residence. 9 PLACE OF BURIAL REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKE ADDRESS If more blanks are needed, address State Regis trar, 6 E. Frankfin St., Balto., Requesting V. S. No. 1.

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should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcinoscipus desired control of tungs, meninges, peritonaeum, etc.. Carcinoscipus desired control of tungs.

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal septichae etc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," Bronchopneumonia (secondary), 10 ds. Nover report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "Convulsions," "Debility" ("Con-Examples: 10



S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

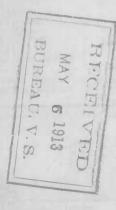
PLACE OF DEATH Gounty bear 4891	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 92
VIIIage or City Bay Vain (No.). 2FULL NAME Henry Clay Jr.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married, Middle Ohile (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH Approl 17, 1928 (Month) (Day) (Year)	that I last saw h Lin alive on and 18 ,1913.
7 AGE It LESS than 1 day,hrs. ormin. ?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary) (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER OF FATHER (State or country) Manyland	(Signed) State the DISEASE CHISTAGE DEATH OF IT deaths to Will
12 MAIDEN NAME OF MOTHER Ann Winches ter 13 BIRTHPLACE OF MOTHER (State or country) (State or country)	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant). 4. 8. 9rhnovn	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Breing Sun, Rowle 1 Filed Office 21913, J. Frank Frazer REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 12 OUNDERTAKER OMERIAL ADDRESS ELECTION ADDRESS ELECTION ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purperal septichaecause of death approved by Committee on Nomencla mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -Kart fallure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . injury, as fracture of skull, and consequences (e. g., is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head 'l'raemla," "Weakness," (name origin; "Can-Examples: For vio-



statement ERMANENT EXACTLY. Exact classifled. 4 pe g THIS properly ш AGI supplied. þe ADING may certificate. 80 of back terms. should plain Instructions 2 of Infor item OF Every item CAUSE OF Important.

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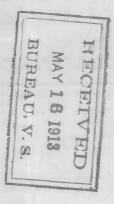
STATE OF MARYLAND 1 PLACE OF DEATH 4892 CERTIFICATE OF DEATH County. Registration Dist. No. Ilf death occurred in St.:...Ward) a hospital or institution, give its NAME Instead of street and number.] 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. 191.3 WIDOWEO, (Month) OROIVORCED (Write the word) (Year) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH N allve on Why (Year) (Month) (Day) if LESS than 7 AGE and that death occurred on the date stated above, at .. 1 dayhrs. The GAUSE OF DEATH * was as follows: OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General natore of Industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) ., 191 3. (Address) ... 1245 11 BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death (State or country) yrs. mos. ds. State Where was disease contracted. 14 THE ABOVE IS TRUE if not at place of death? Former or Informant. usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS Filed. REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8, Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage. as "Tuerperal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mia," "PUERPERAL pcritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of _ ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as -Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent liways qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of "Dropsy," _ (name origin; "Can-State cause for "Exhaustion," Never report Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

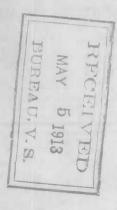
PLACE OF DEATH 4893	STATE OF MARYLAND CERTIFICATE OF DEATH
NOI D.	Registration Dist. No. 96
Village or City rences to the real	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH (Year) 17 HEREBY GERTIFY, That I attended deceased from
TAGE S DATE OF BIRTH LO 20, 1906 (Month) (Day (Year)	that I last saw h. 100 alive on
7 yrs mos 19 ds OR min,?	The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work School bay	Venilet Ferre
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Itellicois author aut
State or country) State or country Cecel () State or c	(Signed) (Buration) yrs mos # Ø ds. (Signed) (M. D. M. D. M
Talhyanne Lanell 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the of death
(State of country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) (Intermant)	If not at place of death? Former or usual residence.
(Address) Puncific Furnace (Address) 15 (A	19 PLACE OF BURIAL OR REMOVAL Lorth Cast Cemelry Of ail 9, 1913. 20 UNDERTAKER ADDRESS Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulit should be used only when needed. the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc.. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumodia"); Lobar pneumodia; Bronchopncumodia ("Pneumodia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (disease causing death), 29 ds.; "Exhaustion," cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH 4894	STATE OF MARYLAND	
Back The Dert /	CERTIFICATE OF DEATH	
Village or City Part Deposit (No.	Registration Dist. No	
* FULL NAME James mon	give its NAME Instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE MARRIED, MARRIED, MARRIED, WIDOWED OR OR OVER (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREFY CERTIFY. Thay I attended deceased from	
Month) (Day) (Year)	that fast saw h Malive on Afri 15 1913	
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:	
(a) Trade, protession, or Particular kind of work.	Julmmany Muhrenturis	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) 21. yrs. mos. ds.	
SBIRTHPLACE (State or country) leave Co	(Secondary) Ouraflor) yrs, mosa ds.	
10 NAME OF FATHER Mr McMreller	(Signed) M. D.	
11 BIRTHPLACE OF FATHER OF FATHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MENS OF INJURY and (2) whether Accident Tal, SUICIDAL, or HOMICIDAL.	
of MOTHER Clara Warfred	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
OF MOTHER (State or country) Celevil Cen 774	ot death yrs mos ds. State yrs mos ds.	
(Informant) The BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, It not at place of death? Former or usual residence	
(Address) Port Diposit- ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Filed May 1 1913 JTA Carecurous Port Arpord, md REGISTRAR	20 UNDERTAKER Jush Colora my -	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. 8. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcopers material worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-If the occupation has -Coal

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid menumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasnant ncopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. oma. Surcoma. etc., of ... The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-



N. B.—Every item of information should be earefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. B. No. 1.

PLACE OF DEATH 4895	STATE OF MARYLAND	
County Recht	CERTIFICATE OF DEATH	
40	Registration Dist, No.	
Village or City Nor The ass (No.	St.; Ward) a hospital	th occorred or lostitution NAME Inste
FULL NAME Tary M.		and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male Whit (Wiste the word)	16 DATE OF DEATH CANAL (Month) (Day)	, 1913
ODATE OF BIRTH Septemer 1842	HEREBY GERTIFY, That I attended dece	, 191.3
(Month) 7 (Day) (Year)	that I last saw h ham alive on	, 1913
7 AGE 11 LESS than 1 day,	and that death occurred on the date stated above, at	<i>K</i> m
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Cerebral afoples	
business, or establishment in which employed (or employer)	(Ouratioo) yrs. mos	sds
9 BIRTHPLACE (State or country) of Learges Del	(Secondary)	
10 NAME OF Golin a Mic Nas	(Signed) (Deration) yrs mos	sas
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from	VIOLENT.
of Mother Role CCa Municipal	TAL, SUICIDAL, OF HOMICIDAL.	ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or country) Fellon Oel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TO OR RECENT RESIDENTS) At place In the of death	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
Informant) North East Mid	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BUR	RIAL
Filed Opil25 19t 3 Lock	North East and afril 2 20 UNDERTAKER ADDRESS	5, 1913
Draid Biddle REGISTRAR	If In Dierson North to	ast
ir more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	· suf

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

childbirth or miscarriage, as "Puerperal septichaecause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-accinant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-



N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

PLACE OF DEATH	STATE OF MARYLAND	
d. Coesis 4896	CERTIFICATE OF DEATH	
Gounty 1000	Pedicional No. 94	
71 71	Registered No.	
Village or City Worth Cash (No.	St; Ward) [If death occurred in a hospital or Institution,	
	give its NAME Instead	
* FULL NAME John LowE	Moore ef street and oumber.]	
	MEDICAL CERTIFICATE OF RELEVA	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MARRIED	16 DATE OF DEATH Clark 27, 1913	
Male While (Write the word)	(Month) (Day) (Year)	
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from	
July 23 1853	1913, to 1913	
(Month) (Day) (Year)	that I ast saw har allve on Uhile 2 1913	
7 AGE If LESS than	and that death occurred on the date stated above, at Comm.	
50 9 it dayhrs.	The CAUSE OF DEATH* was as follows:	
yrs. mos. ds. ormin. ?		
(a) Trade, profession, or	() () = TI = () ()	
particular kind of work.	Come Indirectal I opening	
(b) General nature of Industry, business, or establishment in	(Duration) yrs, mos. ds.	
which employed (or employer)	Contributory	
9 BIRTHPLACE (State or country) Mary Carul	(Secondary)	
10 NAME OF GEORGE MOURS	(Signed) (Upration) yrs mos ds.	
W 11	aly 29, 1913 (Address) Juice Fast Ind	
of Father (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	
12 MAIDEN NAME	CAUSEN, State (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.	
a OF MOTHER Sarah Elizabeth Thillips	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the	
(State or country) Mary laus	of death yrs. mos. ds. State yrs. mos. ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
(Informant) - J Colward Daves	Former or usual residence	
Matt Tank med	10	
(Address)	DATE OF BURIAL	
d- 94 2	20 UNDERTAKER ADDRESS ADDRESS	
Filed Perce 29, 1913	He he Pickers With & K	
If more blanks are needed address first to	y merson Norm Cast	
If more blanks are needed, address State Registrate	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

"material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

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ture of the American Medical Association.) childbirth or miscarriage, as "Puerperal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. cause of death approved by Committee on Nomencla injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitiul nephritis nant neoplasms) : Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Turnor" for mally. "Contributory." Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) "PUERFEHAL peritonitis," tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. (name origin: "Can-State cause for Examples:



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No..... Plf death occurred in .Ward) a hospital or Institution give its NAME instead of street and number. T MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX MARRIED. WIDOWED. (Month) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 1913, to april (Day) (Year) 7 AGE If LESS than 1 day hrs. OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ..., 1913.... (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. mos. ds. State yrs, ____ mos. ___ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death? ... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

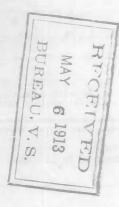
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Caroin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPIEAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -A art failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Candeath), 29 ds.; Examples: For vio-



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	N. BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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	Very	Important. See instructions on back of certificate.
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PLACE OF DEATH	STATE OF MARYLAND
1000	CERTIFICATE OF DEATH
Gounty Csyl 4898	Registration Dist. No. 90
Village or City Warwick (No.	St.; Ward) [It death occurred in a hospital or institution
* FULL NAME John R. R	egister give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male) Color or RACE Sangle, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yest)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I sttended deceased from
Mana 2/1 2/10	March 70, 1913, to april 6, 1912.
(Month) (Day) (Year)	that I lest saw ham alive on and all the 1913.
TAGE If LESS than	and that death occurred on the date stated above, at
65 yrsmos. / > ds. ormin. ?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Frade, protession, or particular kind of work wheel Wright	Talular Dissor of Hoor
(b) General nature of industry, business, or establishment in Which employed (or employer)	(Doration) hos ds.
(State or country) (See Co. Ind.	(Secondary) (Deration) - Washing Mephratic
10 NAME OF Walter Register	(Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country)	(Address) Warried Mile
(State of country) / Marketown 12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Yalloh G Ind.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds,
THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place at death?
(Informant) Elfa Speltine	Former or usual residence
(Address) Marwick, Ind.	Carlor Carulary Chril 9, 191 3
0 1611	

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Pequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples: For persons

Statement of cause of death—Name, first, the dibease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosis of lungs, meninges, perifonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJUSY and qualify as cblldbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of _ is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease cansing (name origin; "Candeath), 29 ds.; For VIO-



V. S. No. 1.

	PLACE OF DEATH ounty Ceecl 4899	STATE OF MARYLAND CERTIFICATE OF DEATH	Н
7		Registered No. 94	
V	"Hiage or City Bay Virus (No	St; Ward) a hospital of give Its No.	h occurred in or institution, AME instead d number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
35	2 2 P 1- WIDOWED, evidower	(Month) (Day)	191.3 (Year)
6 D	ATE OF BIRTH October 3rd, 1845 (Month) (Day) (Year)	that I last saw h alive on Way 36	1913,
7 A	If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at	
(a pa (b) bus wh	CCUPATION) Trade, profession, or ritcular kind of work	Contributory (Secondary)	Direco
ARENTS	10 NAME OF FATHER ROLL CO Perma. 11 BIRTHPLACE OF FATHER (State or country) Bucks Co Perma. 12 MAIDEN NAME OF MOTHER A PROP.	(Signed)	
Д.	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR. OR RECENT RESIDENTS) At place In the ot death yrs,	
15	(Interment) Parion Elon (Address) Porth East Md.	Former or usual residence	
	Ped Oferib 3, 191 8 13 and Bidelle Registran 19 more blanks are needed, address State Registrar, 6 E	20 UNDERTAKER ADDRESS Worth a	East no
	more mana are needed, address biste negistrar, 6 K	. Franklin St., Balto., Kequesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

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injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Publication peritonitis," etc. State cause for which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debliity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 affection need not be stated unless Important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Anoma. Sarcoma. etc., of The contributory (secondary or Intercurrent) (Recommendations on statement of (name origin : Can-



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RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No..... Ilf death occurred in St.:...Ward) a hospital or Institution. give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. MARRIED, WIDOWED, ORDIVERCEO (Write the word) HEREBY CERTIFY, That I attended deceased from BDATE OF BIRT (Day) if LESS than 7 AGE and that death occurred on the date stated above, at. t day hrs. The CAUSE OF DEATH * was as lollows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER (Address) 11 BIRTHPLACE ENT OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 2 12 MAIDEN NAME 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. Where was disease contracted. It not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADORES REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) "Contributory." such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Purereral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (discase causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accithenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent "Old Age," "Shock." 'Traemia," "Weakness," tetanus) may be stated under the head "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-

If this certificate is looked over thoroughly and all quetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 16 1918
BUREAU, V.S.

MARGIN RESERVED FOR BINDING

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